FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number: 3235-036								
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	eported.	File	ed pursuant to or Sectior														
1. Name and Address of Reporting Person* BLOCK ARTHUR R				2. Issuer Name and Ticker or Trading Symbol COMCAST CORP [CMCSA]							5. Relationship of Re (Check all applicable Director			Ü	10%	Owner		
(Last) (First) (Middle) ONE COMCAST CENTER				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016					y/Year)	X Officer (give title Other (specify below) EVP, GC and Secretary								
(Street) PHILADELPHIA PA 19103 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Dai			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5)				Securit Benefic		es		ership n: Direct	7. Nature of Indirect Beneficial Ownership	
								Amour	it	(A) or (D)	Price		Issuer's	Fiscal Ìnd		ect (I) r. 4)	(Instr. 4)	
Class A Common Stock			11/14/2016	C		+	14	,880	D	\$0.0000		29,289			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4 5)	Expira (Mont ities sed 3, 4				itle and count of urities erlying vative urity (Instr. 3 4) Amount or Number of Shares	t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

/s/ Arthur R. Block

02/13/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.